PTO/SB/06 (08-03) Approved for use through 7/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD No Docket Number Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN (Column 1) SMALL ENTITY OR (Column 2) SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE FEE BASIC FEE RATE FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR f the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) OR (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST ⋖ REMAINING NUMBER PRESE RATE ADDI-AMENDMENT RATE **AFTER** ADDI-**PREVIOUSLY** EXTR TIONAL **AMENDMENT** TAONAL **PAID FOR** FEE Total (37 CFR 1.16(c)) Midus OR Independent (37 CFR 1.16(b)) Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR (1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE Column 1) (Column 2) (Column 3) CLAIMS HIGHEST $\mathbf{\omega}$ REMAINING PRESENT NUMBER RATE ADDI-RATE AFTER ADDI-EXTR PREVIOUSLY TIONAL AMENDMENT TIONAL PAID FOR ü FFF Total (37 CFR 1.16(c)) FEE ENDM Miraus OR Independent (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L'FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST O REMAINING NUMBER PRESENT RATE ADDI-RATE ENDMENT ADDI-**AFTER PREVIOUSLY EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total (37 CFR 1_16(c)) Minus OR Independent (37 CFR 1.16(b)) Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1/16(d)) = OR TOTAL TOTAL ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3. OR ADD'L PEE If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

6

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PATENT APPLICATION FEE DETERMINATION RECORD Application of information unless it displays a valid OMB control Application or Pro-875								control number
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY					ENTITY	OR.	OTHER THAN SMALL ENTITY	
FOR NUMBER FILED		NUMBER EXTRA	٦			1	OWINE	ENTRY
BASIC FEE (37 CFR 1.16(a))		NOWIDEN EXTRA	-	RATE	FEE	ł	RATE	FEE
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MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			╛	+ \$=	,	OR	+ \$=	
* If the difference in column 1 is less than zero, enter "0" in column 2.				TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) SMALL ENTITY OR OTHER THE SMALL ENTITY OR SMALL							R THAN ENTITY	
Z AM	EMAINING N AFTER PRI	IGHEST UMBER PRESENT EVIOUSLY EXTRA AID FOR		RATE	ADDI- TIONAL FEE		RATE ·	ADDI- TIONAL FEE
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16/d)				+\$ =		OR		/
30.7				TOTAL ADD'L FEE	\mathcal{L}	OR I	+ \$ ≈ / TOTAL ADD'L FEE	
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Z Independent (37 CFR 1.16(b))	M(nus /	W = /	11	x \$=	_/_	OR	x s=	/
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$=		OR	+ \$ =	
TOTAL TOTAL ADDITES								
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.								

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